

**Fiscal Year Indicate the FY, ex 2006 EO 94(05) Report**

*Type or print the name of the agency*

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Agency Name

**Prepared by:**

*Print or type the name and title of the person preparing this document*

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Name and Title

*This section lists the agency mandates under EO 94 (05) and requires the signature of the agency head on the line below to certify that the agency is in compliance or actively working toward compliance.*

Executive Order 94(05) mandates the following activities:

1. Evaluate work related injuries/illnesses to determine how to prevent or reduce the injuries.
2. Establish goals to reduce serious occupational injuries and illnesses to enhance worker safety.
3. Involve agency employees in identifying workplace hazards and establishing goals to eliminate or reduce them.
4. Develop, maintain and monitor strategies to minimize the risk or work related injuries/illnesses.
5. Manager's performance expectations and goals to encourage a safe work environment and reduce injuries/ illnesses

By signing this document, I certify that my agency is in compliance with or has developed a plan and timeline for full compliance with Executive Order 94(05).

***The agency head signs here indicating that this document has been read, and all information included is correct and thus approved***

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Agency Head Signature

***Type or print the name and title of the agency head***

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Agency Head Name and Title (*please print*)

## EO 94(05) Report Template

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The following is a template and your report should include this information MINIMALLY. You may, however include additional information to support required documentation.

### EO 94(05) Report for FY 2006

#### **I. Review of last year's efforts (if space provided is not sufficient, attach additional pages)**

- List the goals that were to be met for the previous year. If there were no goals, list times that contributed to an increase in employee safety.
- List the actions taken to complete the goals listed above. Make sure you include details and include steps if necessary.
- List any obstacles that hindered the agency from meeting targeted goals.
- If all of the goals were not met, list the goals that remain to be completed.

#### **II. Accident/ Loss Analysis**

Attach accident analysis for the previous FY losses. If none is available, complete the chart provided.

If you have no injuries, please indicated zero in your analysis.

##### **A. Injury Analysis Chart**

Instructions for the chart:

- List the total number of injuries for the FY that the report represents.
- Compare information from the past two fiscal years in the table:
  - List the number of medical only cases from the Gates 2000 system
  - List the number of lost time cases from the Gates 2000 system and from the OSHA 300 logs.
  - List the number of lost time days from the OSHA 300 logs.
  - List the number of OSHA recordable cases from the OSHA 300 logs.
  - List the number of record only cases from the Gates 2000

Some information for the chart is retrieved from the Gates 2000 system, Visual Reports Studio (formerly called G2 WebLink). If you do not have access to Visual Reports Studio information or if you need to add or delete a user, email Sue Keener at [sue.keener@dhrm.virginia.gov](mailto:sue.keener@dhrm.virginia.gov) and request the "Add User" form or access the form on the DHRM website under Workers' Compensation and Safety.

## **B. Accident Categories:**

Using the chart on the next two pages, list in Column 1 your Agency/Institution's Top 5 Injury Occupations (see your G2 Weblink [Top 5 Occupations/Causes/ Instruments](#) report). Those agencies with fewer than five occupations on the Top 5 Injury Occupations report should fill in the chart for the occupations appearing on their report. Those agencies with no reported accidents in the past fiscal year should leave the form blank and attach an analysis of their most hazardous occupations or tasks and strategies to prevent injuries in their higher-risk groups.

In Column 2 list the Top 3 Accident Types for each occupation.

Collect the EARs submitted in the immediate past fiscal year (or run your agency's EO 94 (05) Master Report). Sort the forms into stacks corresponding to the Top 5 Occupations and Top 3 Accident Types or sort the EO 94 (05) Master report into the Top 5 Occupations and Top 3 Accident Types.

Carefully review the incidents and identify the *behaviors* and *conditions* that explain "why" this type of injury mishap continues to happen in your work environment.

- List the common behaviors in Column 3
- List the common conditions in Column 4

Review these common behaviors and conditions with your agency/institution administration and develop an action plan listing the specific action steps in Column 5 that you will take in the upcoming year to change these behaviors and conditions.

If the agency is not fully in compliance with EO 94(05), explain in detail what is being done or what will be done to comply with the mandate.

If there are areas where your agency needs additional assistance, state specifically what the needs are.

## **III. Future Goals**

- State next year goals and implementation strategies to improve and promote a safe work environment. If additional space is needed, please attach to the form. Make the goals specific, achievable and realistic.
- Discuss how your agency involves employees in the process of safety for your agency. List what is being done to promote employee safety by participation.

#### **IV. Assistance/ General Comments**

- Include any requests for assistance from the Office of Workers' Compensation that your agency may have.
- Include any general EO 94(05) or safety related comments in the last section. (Example: List something that your agency is doing that may not be specifically required by EO 94(05)). This may be information that is proactive in nature and not necessarily based on data retrieved/analyzed. Highlight accomplishments and innovative ideas for your agency.

#### **V. Required Reports**

These reports should be run from the Gates 2000 G2 Weblink at the end of each fiscal year.

- TopFiveJobClassifications
- Industrial Claims Report
- EO 94 (05) Master
- PolicyCostSummary\_AllTypes